



## LT. GOVERNOR'S OFFICE

### INTERNSHIP APPLICATION

Please complete and return to:  
Eric Feltner, Intern Program  
Missouri State Capitol Rm. 224  
Jefferson City, Missouri 65101  
Phone (573) 751-4727 Fax (573) 751-9422

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents/ Guardian: \_\_\_\_\_

College or University: \_\_\_\_\_

School Address: \_\_\_\_\_

Email: \_\_\_\_\_ School or Cell Phone: \_\_\_\_\_

Year in School: Fresh \_\_\_\_\_ Soph \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Grad \_\_\_\_\_ Law \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

GPA: \_\_\_\_\_ Will you seek academic credit for this internship: \_\_\_\_\_

Advisor's name and daytime phone: \_\_\_\_\_

#### INTERNSHIP REQUESTED:

_____ Interim	August-December
_____ Spring 2008:	January-May
_____ Summer 2008:	Middle May-August
_____ Fall 2008	August-December

#### APPLICATION:

Rolling Application  
Deadline: December 1  
Deadline: April 15  
Deadline: July 15

**ACADEMIC INFORMATION: (Other Schools Attended & Date Attended)**

**Other:** \_\_\_\_\_ **Dates (From:\_\_\_\_\_To:\_\_\_\_\_)**

**High School:** \_\_\_\_\_ **Dates (From: \_\_\_\_\_ To: \_\_\_\_\_)**

**Specific issue areas of interest to you:**

---

---

**Activities and Honors:**\_\_\_\_\_

---

**Skills applicable to internship (typing, computer, research, etc.):**

---

---

**Job or volunteer experience, beginning with most recent:**

---

---

---

**Names, titles and phone numbers of three references:**

---

---

---

**Please attach a resume and a one-page essay detailing your interest in appointment to this internship.**

**\*\* ALL INTERNSHIP OPPORTUNITIES ARE NON-PAID POSITIONS \*\***

**If selected, I hereby agree to abide by the rules and regulations for Lt. Governor's Office employees.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_